

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF STATE
PUBLIC
14 JUL 15 PM 2:51

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Friends of Christine O'Donnell

ADDRESS (number and street) P.O. Box 3987
Check if different than previously reported. (ACC) Wilmington DE 19807

2. FEC IDENTIFICATION NUMBER ▼

C C00449595

3. IS THIS REPORT X NEW OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
DE 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period M M D D Y Y 04 01 2014 through M M D D Y Y 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MATTHEW MORAN

Signature of Treasurer MATTHEW MORAN

Date M M D D Y Y 07 08 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3
(Revised 02/2003)